

C.E. KORD ANIMAL HEALTH DIAGNOSTIC LAB

436 Hogan Rd, Nashville, TN 37220 (UPS/Fed Ex) | P.O. Box 40627, Nashville, TN 37204 (USPS)
 Office: 615.837.5125 | Fax: 615.837.5250

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 Rev.1 March 2024
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ANIMAL NECROPSY SUBMISSION

Date: _____

Field Necropsy page 3. Complete a separate page 3 for each animal submitted.

All fields must be completed.

Clinic:			Owner:		
Veterinarian:			Farm Name:		
Address:			Address:		
City:	State:	Zip:	City, State:	Zip	
Phone:	Fax:		Phone:	Fax:	
Email:			Email:		
Send report to:					
Animal ID/Name:	Age:	Species:	Sex:	Breed:	

1. When and where was the animal obtained? _____
2. What vaccines were administered? _____
3. Was the animal euthanized (how)? Found Dead Euthanized - Method? _____
4. Was the animal spayed/neutered? Yes No
5. Date of death: ___ / ___ / ___
6. When did you last see the animal alive? ___ / ___ / ___
7. Is this a herd/flock/litter/household problem? Yes No
8. How many of the herd/flock/litter/household are currently sick? _____
9. In the last two weeks in this group of animals, how many have died? _____
10. What is the total number of animals located at the farm/home and species? _____
11. Where was animal kept? Pasture Barn Indoor/Outdoor Indoor only Other _____

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12. Recent changes in the environment, husbandry, or household? _____

13. Any recent additions to herd/flock/household and when?

14. What is the source of drinking water (pond, well, tap water, etc.)? _____

15. What is the animal's diet? _____

16. What were the symptoms? _____

17. When did the symptoms start? _____

18. Were any treatments given? _____

19. What questions do you want answered?

Cause of death Risks of a disease harmful to other animals/humans

Rule out the following: _____

Was there exposure to specific toxins? List specific toxin(s) of concern: (\$35)

(This is not a toxin screen.)

In some cases where spinal cord disease is suspected based on the history and clinical exam finding, removal and examination of the spinal cord can be performed and will incur an additional fee. Submission of relevant exam finding, diagnostic imaging, and localization information by a veterinarian is needed.

20. Do we need to save remains for a private crematorium (\$25)? _____

21. Is this an insurance or legal case? Yes No

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FIELD NECROPSY

Complete a separate form for each animal submitted.

# Of Animals in Submission: _____ Animal ID/Name: _____ Date Necropsy was performed: ___/___/___ Performed by: _____																					
<p><input type="checkbox"/> FIXED TISSUE</p> <p>Date/Time Placed in Fixative: _____</p> <p>Type of Fixative*: <input type="checkbox"/> Formalin <input type="checkbox"/> Other _____</p> <p>Indicate body site(s) [for example, "right lung"]:</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ <p><i>*Samples should be submitted in 10% Neutral Buffered Formaldehyde/Formalin.</i></p> <p>If sending non-fixed specimens ONLY & histopathological evaluation is not desired, use the GENERAL SUBMISSION FORM. Use of the NECROPSY SUBMISSION FORM indicates that a Pathologist must review the case and report on the results.</p>	<p><input type="checkbox"/> FRESH TISSUE</p> <p>Body Site: _____ Desired Tests: _____</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. _____</td> <td style="width:50%;">1. _____</td> </tr> <tr> <td>2. _____</td> <td>2. _____</td> </tr> <tr> <td>3. _____</td> <td>3. _____</td> </tr> <tr> <td>4. _____</td> <td>4. _____</td> </tr> <tr> <td>5. _____</td> <td>5. _____</td> </tr> <tr> <td>6. _____</td> <td>6. _____</td> </tr> <tr> <td>7. _____</td> <td>7. _____</td> </tr> <tr> <td>8. _____</td> <td>8. _____</td> </tr> <tr> <td>9. _____</td> <td>9. _____</td> </tr> <tr> <td>10. _____</td> <td>10. _____</td> </tr> </table>	1. _____	1. _____	2. _____	2. _____	3. _____	3. _____	4. _____	4. _____	5. _____	5. _____	6. _____	6. _____	7. _____	7. _____	8. _____	8. _____	9. _____	9. _____	10. _____	10. _____
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8. _____	8. _____																				
9. _____	9. _____																				
10. _____	10. _____																				
<p><input type="checkbox"/> Swab (indicate body sites, i.e., "left lung swab"): _____</p> <p><input type="checkbox"/> Serum/Whole Blood--Indicate test desired: _____</p> <p><input type="checkbox"/> Urine--Indicate test desired: _____</p> <p><input type="checkbox"/> Feces--Indicate test desired (Parasitology only available on in house necropsy) _____</p> <p><input type="checkbox"/> Ocular Fluid--Indicate test desired: _____</p>																					
<p>Gross Description of Necropsy Findings (including locations, size, coloring, and consistency):</p> 																					
<p>UT Martin: <input type="checkbox"/> yes <input type="checkbox"/> no</p>																					